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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 133000002		CITY OR TO	WN WARREN	
APPLICATION F	OR RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAM	E: QUABOAG AE	RIE #4133 FRAT.ORI	O.OF EAGLES I	NC.	
DOING BUSINES	SS A				
ADDRESS 2167	MAIN ST.				
CITY/TOWN: W	VARREN	STATE: MA	ZIP CODE	E: 01092	
MANAGER: HI A.		YPE OF LICENSE:Ch	ab	CATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION C	OF LICENSED PREM	MISES:			
		' FLOOR: KITCHEN, I QUARTERS. CELLAR			ORAGE
I hereby certify an	d swear under penalt	ies of perjury that:			
1. the ren	ewed license will be	of the same type for the	same premises	now licensed;	
2. the lice	ensee has complied w	rith all laws of the Com	monwealth relati	ing to taxes; and	
3. the pre	mises are now open f	for business (If not expl	ain below)		
SIGNED BY:					
	Individual, Parti	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICA	
			(Note: NO	T Individual Social S	Security Number)
Acts of 2004, sign	ned by the building	are in possession (1) the inspector and the heat or liability insurance in	d of the fire dep	partment for the	e above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	.plain)				
DATE:					
APPLICATION FOR REI	NEWAL MUST BE FILED B	Y LICENSEES DURING THE M	IONTH OF NOVEMB	ER (M.G.L. Ch. 138 \$ 1	16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 133000004		CITY OR TOWN	WARREN	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	
LICENSEE NAME: DOING BUSINESS ADDRESS 948 MAI	A DANGER ZONE				YEAR
CITY/TOWN: WAI	RREN	STATE: MA	ZIP CODE:	01083	
	ECAL, TYPI GLAS S.	E OF LICENSE: F	Restaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEI		R EMAIL ADDRESS		
DESCRIPTION OF I			MG ONE FOR RAR	AND LOUN	CE ONE
			MS. ONE FOR BAR R DINING. CELLAR		
2. the license	ed license will be of the	the same type for the all laws of the Cousiness (If not ex			
DATE:	TELEPHONE	E NUMBER:			TON NUMBER: ecurity Number)
Acts of 2004, signed	by the building insp	pector and the he	the certificate required of the fire departered by Chapte	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1330	000006	CITY	OR TOWN	WARREN	
APPLICATION FOR REN	EWAL: A	nual	LICENS	SED FOR 20	13
	CI	LASS		•	YEAR
LICENSEE NAME: ST. S	STANISLAUS SOCIETY	OF WEST WA	RREN, INC.		
DOING BUSINESS A					
ADDRESS 144 SOUTH S	Γ.				
CITY/TOWN: WARREN	STATI	E: MA Z	IP CODE:	01092	
MANAGER: ELLIS, JON	NATHAN TYPE OF LIC	ENSE:Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LICENTWO STORY FRAME BL FLOOR; RECEPTION RO	.DG. FIRST FLOOR; BA OM. CELLAR STORAG	R, BOOTHS, AI E. PAVILLION	ND RESTRO		
I hereby certify and swear u					
	ense will be of the same ty		-		
	complied with all laws of now open for business (I		_	taxes; and	
3. the premises are	now open for business (1	посехріані ост	ow)		
SIGNED BY:	vidual, Partner or Authori	zed Corporate O	fficer		
DATE:	TELEPHONE NUMBE		EMPLOYER (Note: <u>NOT</u> Indi	IDENTIFICATI	
We the undersigned, atte Acts of 2004, signed by th license and (2) the certific	ne building inspector and	l the head of the	e fire departn	nent for the a	above named
Please Check Below: APPROVED:		LOO By:	CAL LICENS	ING AUTHC	RITY
DISAPPROVED:		,			
(If disapproved explain)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1330	00009	CITY OR TOWN	WARREN
APPLICATION FOR REN	EWAL: Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: WAR	RREN CASH MARKET,LLC		
DOING BUSINESS A WA	ARREN CASH MARKET,LLC		
ADDRESS 942 MAIN ST			
CITY/TOWN: WARREN	STATE: MA	ZIP CODE:	01083
MANAGER: CIESLAK,	DENISE TYPE OF LICENSE:P	ackage Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE A	ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICEN	ISED PREMISES:		
TWO STORY FRAME BL FLOOR LIVING QUARTE	DG. FIRST FLOOR; STORE SP ERS. CELLAR STORAGE.	ACE AND STORAGE	E ROOM. SECOND
2. the licensee has	nse will be of the same type for the complied with all laws of the Cornow open for business (If not exp	nmonwealth relating to	
SIGNED BY:	ridual, Partner or Authorized Cor	porate Officer	
DATE:	TELEPHONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS: By:	ING AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 133000010	CITY OR TOWN WARREN
APPLICATION FOR RENEWAL:	nnual LICENSED FOR 2013
C	LASS YEAR
LICENSEE NAME: WARREN PACKAGE STOR	RE INC.
DOING BUSINESS A WARREN SPA	
ADDRESS 958 MAIN ST	
CITY/TOWN: WARREN STAT	E: MA ZIP CODE: 01083
MANAGER: WROBEL, LEONE TYPE OF LICA.	ENSE:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND E	NTER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ONE STORY FRAME BLDG. ONE ROOM FOR STORAGE.	SALES, TWO ROOMS IN REAR AND CELLAR
 the renewed license will be of the same tyle. the licensee has complied with all laws of the premises are now open for business (f the Commonwealth relating to taxes; and
SIGNED BY: Individual, Partner or Author	ized Corporate Officer
DATE: TELEPHONE NUMBI	ER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY
DISAPPROVED:	Ву:
(If disapproved explain)	
DATE:	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13300001	5	CITY OR TOWN WARREN	I
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: RONALD	J. TEBO		
DOING BUSINESS A TEBO'S	MINI-MARKET		
ADDRESS 980 MAIN ST			
CITY/TOWN: WARREN	STATE: MA	ZIP CODE: 01083	
MANAGER:	TYPE OF LICENSE: Par	ckage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO V	TSIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
FIRST FLOOR COMMERCIAL THE BLDG ON MAIN ST ANI			
2. the licensee has comp3. the premises are now	· ·	same premises now licensed; monwealth relating to taxes; and ain below)	
SIGNED BY: Individua	l, Partner or Authorized Corpo	orate Officer	
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social)	
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING AUTH By:	IORITY
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	33000020		CITYORIO	JWN WARREN	
APPLICATION FOR R	ENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: J DOING BUSINESS A ADDRESS 2370 MAIN	Whiskey Hill Liquor				
CITY/TOWN: WARR		STATE: MA	A ZIP COI	DE: 01092	
MANAGER: Laurin,	Joanne TYPE	OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:	ASE ALSO VISIT OUR WEBS	ITE AND ENTER YOU	R EMAIL ADDRESS	VALK IN COOLE	R FRONT
I hereby certify and swe 1. the renewed	ar under penalties of		the same premise	es now licensed;	
	nas complied with all are now open for bu			ating to taxes; and	
SIGNED BY:	ndividual, Partner or	Authorized Co	rporate Officer		
DATE:	TELEPHONE 1	NUMBER:		PLOYER IDENTIFICA' OT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LI By:	CENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 133000021		CITY OR TO	WN WARREN	
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: SCOTTISH MEAI	OOWS GROUP			
DOING BUSINESS	S A SCOTTISH MEA	DOWS GOLF CLU	В		
ADDRESS 361 LIT	TLE REST ROAD				
CITY/TOWN: WA	ARREN	STATE: MA	ZIP CODI	E: 01083	
	THIEU, TYI	PE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMIS	SES:			
2. the licen	wed license will be of see has complied with hises are now open for	all laws of the Com	monwealth relat		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:		OYER IDENTIFICA' T Individual Social S	
Acts of 2004, signe	ed, attest that we are ed by the building ins certificate of liquor	spector and the hea	d of the fire de	partment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	Loin)				
(If disapproved exp	14111 <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 133000024		CITY OR TOWN	WARREN	
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	HTT LLC				
DOING BUSINESS A	A COUNTRYSIDE PU	В			
ADDRESS 83 MECH	IANIC STREET				
CITY/TOWN: WAR	RREN	STATE: MA	ZIP CODE:	01083	
MANAGER: HEBE	ERT, JANE A. TYPE C	OF LICENSE: Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR F	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISES:	:			
GROUND LEVEL FI) FRAME BUILDING V LOOR W/ KITCHEN & R, ONE EXIT/ENTRA	STORAGE IN	CELLAR. THREE I		
I hereby certify and sv	wear under penalties of p	perjury that:			
	ed license will be of the	• 1	•		
	e has complied with all		_	to taxes; and	
3. the premise	es are now open for bus	iness (If not exp	lain below)		
SIGNED BY:	Individual, Partner or A	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	UMBER:		R IDENTIFICAT dividual Social Se	
Acts of 2004, signed	, attest that we are in p by the building inspec ertificate of liquor liab	tor and the hea	d of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	in)				
DATE:			-		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 133000025	CITY OR TOWN WARREN
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: TRASKA'S VILLAGE MARKET, L	LC
DOING BUSINESS A	
ADDRESS 2240 MAIN STREET	
CITY/TOWN: WARREN STATE: MA	A ZIP CODE: 01092
MANAGER: KOSLOWSKI,KEVI TYPE OF LICENSE: N	Package Store CATEGORY: Wine and Malt Regular
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
the renewed license will be of the same type for the control of the licensee has complied with all laws of the Control of the premises are now open for business (If not expressive the control of t	mmonwealth relating to taxes; and
SIGNED BY: Individual, Partner or Authorized Co.	rporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	